

<i>SERFF Tracking Number:</i>	<i>LFSC-127201970</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>LifeSecure Insurance Company</i>	<i>State Tracking Number:</i>	<i>49559</i>
<i>Company Tracking Number:</i>	<i>POL-LS-AC-0001 ST 09/11</i>		
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Personal Accident Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: LifeSecure Insurance Company	SERFF Tr Num: LFSC-127201970	State: Arkansas
Product Name: Personal Accident Insurance	SERFF Status: Closed-Approved-	State Tr Num: 49559
TOI: H02I Individual Health - Accident Only	Closed	
Sub-TOI: H02I.000 Health - Accident Only	Co Tr Num: POL-LS-AC-0001 ST	State Status: Approved-Closed
	09/11	
Filing Type: Form	Reviewers: Rosalind Minor	
	Disposition Date: 08/16/2011	
	Authors: Sue Howard, Karilynn Bagnell	
	Date Submitted: 08/15/2011	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/16/2011
	State Status Changed: 08/16/2011
Deemer Date:	Created By: Sue Howard
Submitted By: Karilynn Bagnell	Corresponding Filing Tracking Number:
Filing Description:	
LifeSecure Insurance Company NAIC #77720	
Personal Accident Insurance Policy - LS-AC-0001 ST 09/11	
Schedule of Benefits - LS-AC-0051 ST 09/11	
Application - LS-AC-0260 ST 09/11	
Outline of Coverage - LS-AC-0052 ST 09/11	
Additional Insured Rider - LS-AC-0124-AI ST 09/11	
Dependent Rider – LS-AC-0124-D ST 09/11	
Actuarial Memorandum and Rates	

SERFF Tracking Number: LFSC-127201970 State: Arkansas
Filing Company: LifeSecure Insurance Company State Tracking Number: 49559
Company Tracking Number: POL-LS-AC-0001 ST 09/11
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: Personal Accident Insurance
Project Name/Number: /

Enclosed for your review and approval are the above-captioned forms. These forms are new and do not replace any forms previously approved by your Department. Subject forms have been filed in our domicile Michigan and are pending approval. The Policy also includes an Additional Insured Rider which allows coverage for a spouse or domestic partner and a Dependent Rider for coverage of children of the primary insured.

The Policy is designed to provide an Annual Benefit Amount, which will range from \$1000 to \$15,000 for single coverage and \$1,000 to \$25,000 for family coverage. On January 1st of each year the Annual Benefit Bank will be restored to the full amount. The issue ages for this policy are from 18 through 64. The policy is guaranteed renewable to age 65.

The policy includes a (per person) deductible of \$100, \$250 or \$500. The family deductible amount is 2x the Annual Deductible and must be satisfied by two or more family members. A Disappearing Deductible feature is also included. Each year the insured (and family if applicable) does not receive benefits, the deductible will reduce by 20%. If benefits are paid during a calendar year, the deductible will reset to the original amount chosen at time of application. If no benefits are payable for covered services rendered in five consecutive calendar years, the annual deductible amount will be eliminated beginning with the next Calendar Year. Once the annual deductible amount reaches zero, it will not reset.

The Schedule of Benefits will reflect the insured's benefits as selected. The brackets on this form indicate that they are variable and subject to change based on the choices for coverage made at time of application.

The Application may be used in different ways depending upon the method of sale and signature. The application is designed to be completed with or without an agent present depending on the marketing method. The application may be signed electronically, using a signature pad or stylus, voice authorization signature, Accept/Reject for internet direct-sales or wet signature with an agent. The variable materials have been bracketed and a Statement of Variability is included in the filing to explain the variations.

We are requesting to reserve the right to alter the format of the forms submitted without re-filing due to future technology changes (i.e. paper size, font, font type, line ending or page ending changes). Be assured that all minimum font size requirements will be met. Any changes to wording or content would be filed for approval prior to use. Electronic signatures have been in use since 2006 and comply with all safety and security measures.

The Outline of Coverage provides a brief summary of benefits and limitations of the Policy.

The actuarial memorandum and rates are also included in this filing.

We trust these forms will meet with your requirements. Should you require further information, please contact me at 810.220.8774 or showard@yourlifesecond.com.

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<i>Product Name:</i>	<i>Personal Accident Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Sincerely,
Sue R. Howard
Compliance Manager

Company and Contact

Filing Contact Information

Sue Howard, Compliance Manager
10559 Citation Drive
Suite 300
Brighton, MI 48116

Showard@lifeseecureltd.com
810-220-8774 [Phone]
810-220-7707 [FAX]

Filing Company Information

LifeSecure Insurance Company
10559 Citation Drive
Suite 300
Brighton, MI 48116
(810) 220-8774 ext. [Phone]

CoCode: 77720	State of Domicile: Michigan
Group Code: 572	Company Type: Life, A & H
Group Name: BCBS of MI GRP	State ID Number:
FEIN Number: 75-0956156	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$350.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
LifeSecure Insurance Company	\$350.00	08/15/2011	50635114

SERFF Tracking Number:	LFSC-127201970	State:	Arkansas
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TOI:	H02I Individual Health - Accident Only	Sub-TOI:	H02I.000 Health - Accident Only
Product Name:	Personal Accident Insurance		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/16/2011	08/16/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/16/2011	08/16/2011	Karilynn Bagnell	08/16/2011	08/16/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Additional Insurance Rider	Karilynn Bagnell	08/16/2011	08/16/2011

<i>SERFF Tracking Number:</i>	<i>LFSC-127201970</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 08/16/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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TOI:	H021 Individual Health - Accident Only	Sub-TOI:	H021.000 Health - Accident Only
Product Name:	Personal Accident Insurance		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Variability Statement	Approved-Closed	Yes
Form	Personal Accident Insurance Policy	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes
Form (<i>revised</i>)	Additional Insurance Rider	Approved-Closed	Yes
Form	Dependent Rider	Approved-Closed	Yes
Form	Additional Insurance Rider	Replaced	Yes

SERFF Tracking Number: *LFSC-127201970* *State:* *Arkansas*
Filing Company: *LifeSecure Insurance Company* *State Tracking Number:* *49559*
Company Tracking Number: *POL-LS-AC-0001 ST 09/11*
TOI: *H02I Individual Health - Accident Only* *Sub-TOI:* *H02I.000 Health - Accident Only*
Product Name: *Personal Accident Insurance*
Project Name/Number: */*

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/16/2011

Submitted Date 08/16/2011

Respond By Date

Dear Sue Howard,

 This will acknowledge receipt of the captioned filing.

Objection 1

 - Personal Accident Insurance Policy, LS-AC-0001 ST 09/11 (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: LFSC-127201970 State: Arkansas
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Company Tracking Number: POL-LS-AC-0001 ST 09/11
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Product Name: Personal Accident Insurance
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/16/2011
Submitted Date 08/16/2011

Dear Rosalind Minor,

Comments:

Thank you for your response.

Response 1

Comments: The Unearned Premium statement in Section 4 of the policy indicates that at policy termination the unearned premium will be returned. Section 5 states that death is a cause for the policy to terminate. We will refund unearned premium in the event of death of the insured.

Related Objection 1

Applies To:

- Personal Accident Insurance Policy, LS-AC-0001 ST 09/11 (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Your further consideration of this filing is appreciated.

Sincerely,

Karilynn Bagnell, Sue Howard

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 Product Name: Personal Accident Insurance
 Project Name/Number: /

Amendment Letter

Submitted Date: 08/16/2011

Comments:

Have attached an amended rider, LS-AC-0124-AI ST 09/11, that has the correct form number.

I apologize for this oversight.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LS-AC-0124-AI ST 09/11	Policy/Contr act/Fraternal Insurance Certificate: Rider Amendment, Insert Page, Endorsement or Rider	Additional	Initial				51.100	LS-AC-0124-AI ST 09.11 .pdf

SERFF Tracking Number: LFSC-127201970 State: Arkansas

Filing Company: LifeSecure Insurance Company State Tracking Number: 49559

Company Tracking Number: POL-LS-AC-0001 ST 09/11

TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only

Product Name: Personal Accident Insurance

Project Name/Number: /

Form Schedule

Lead Form Number: LS-AC-0001 ST 09/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/16/2011	LS-AC-0001 ST 09/11	Policy/Cont	Personal Accident ract/Fratern Insurance Policy al Certificate	Initial		56.900	LS-AC-0001 ST 09.11 Personal Accident Policy.pdf
Approved-Closed 08/16/2011	LS-AC-0051 ST 09/11	Schedule	Schedule of Benefits Pages	Initial			LS-AC-0051 ST 09.11 Schedule of Benefits - 8.8.11.pdf
Approved-Closed 08/16/2011	LS-AC-0124-AI ST 09/11	Policy/Cont	Additional Insurance ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.100	LS-AC-0124- AI ST 09.11 .pdf
Approved-Closed 08/16/2011	LS-AC-0124-D ST 09/11	Policy/Cont	Dependent Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53.400	LS-AC-0124- D ST 09.11 Dependent Rider.pdf



LifeSecure Insurance Company

A Stock Company
10559 Citation Drive, Suite 300
Brighton, Michigan 48116
1-888-575-8246

PERSONAL ACCIDENT INSURANCE POLICY

THIS POLICY IS GUARANTEED RENEWABLE TO AGE 65. You have the right, subject to the terms of this Policy, to continue Your coverage until the Policy anniversary on or following Your 65th birthday, provided You pay the required premiums on time. We cannot change any of the terms of Your coverage or benefits without Your consent unless the change is required by state or federal law.

PREMIUM CHANGES. You cannot be singled out for a rate increase due to a change in Your age or health status. We can, however, change premiums, but only if We change the premiums for all similar policies issued in the same state and on the same form as Your Policy. Any premium changes will be effective on the next Premium Due Date following Our notice to You. We must give You at least 60 days written notice before the effective date of a premium change, and We cannot increase Your premium more than once in a twelve month period.

30-DAY FREE LOOK. This Policy is a legal contract between You and Us. If for any reason You decide not to keep this Policy, simply return it to Us within 30 days after You receive it. We will treat the Policy as though it had never been issued. We will refund the full amount of any premium paid within 10 days following receipt of the returned Policy.

MEDICAID ELIGIBILITY. Your current or future eligibility for Medicaid may affect the payment of benefits provided by this Policy. State regulations may require payments be made to the Medicaid organization or to the medical provider and not to You.

NOTICE TO BUYER: THIS IS AN ACCIDENT ONLY POLICY AND DOES NOT PAY BENEFITS FOR A LOSS FROM SICKNESS. PLEASE READ IT CAREFULLY! THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

**NON-PARTICIPATING
GUARANTEED RENEWABLE TO AGE 65
PREMIUMS MAY CHANGE
THIS POLICY CONTAINS A DEDUCTIBLE**

Secretary

A handwritten signature in cursive script, reading "Sara Hogan".

President

A handwritten signature in cursive script, reading "Lisa Wendt".

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SECTION 4: Premium and Renewal Provisions	8
SECTION 5: General Provisions	9
SECTION 6: Glossary	11
Schedule of Benefits	Enclosed
A copy of Your Application for this Policy	Enclosed
Any appropriate Riders, Endorsements or Notices	Enclosed

Refer to the Schedule of Benefits to determine Your benefits, options and applicable coverage details.

Note: *This Policy contains terms that have a special meaning when applied to Your coverage. To help You recognize these terms, each word is capitalized wherever it appears throughout the Policy. These terms either: 1) appear in the Glossary (Section 6) with a corresponding definition; and/or 2) appear in a heading or sub-heading within the Policy with accompanying text providing further explanation.*

SECTION 1: DESCRIPTION OF BENEFITS AND FEATURES

Annual Benefit Bank

Your Schedule of Benefits shows the Annual Benefit Bank You have selected. Your Annual Benefit Bank represents the total dollar benefit amount available under this Policy for covered services rendered each Calendar Year. Your Annual Benefit Bank will be reduced by all benefit amounts paid. On January 1st of each year, We will restore Your Annual Benefit Bank to the full amount shown on Your Schedule of Benefits.

Annual Deductible Amount

The Annual Deductible Amount is the dollar amount shown on the Schedule of Benefits that You incur for covered services each Calendar Year before benefits are payable under this Policy.

Disappearing Deductible

On January 1st of each Calendar Year Your Annual Deductible Amount will decrease by 20% if Your Policy is in force and no benefits are payable for covered services rendered in the preceding Calendar Year. Your Policy must be in force for at least three full months before the first reduction of the deductible will occur. If any benefits are payable for covered services rendered during a Calendar Year, Your Annual Deductible Amount will reset on the following January 1st to the amount You selected as of the Policy Effective Date. If no benefits are payable for covered services rendered in five consecutive Calendar Years, Your Annual Deductible Amount will be eliminated beginning with the next Calendar Year. Once Your Annual Deductible Amount reaches zero, it will not reset.

Covered Services

After the Annual Deductible Amount has been satisfied, We will pay the benefits described in this Section, less any adjustment or discounts, up to Your Annual Benefit Bank. For any of the benefits to be payable, the covered services rendered must be due to an Accidental Injury and Care must begin within 72 hours of the Accidental Injury.

Ambulance

We will pay benefits for transportation by an Ambulance to a Hospital.

Drugs

We will only pay benefits for drugs administered in a Hospital, Urgent Care Center or Physician's office.

Durable Medical Equipment

We will pay benefits for the rental or purchase of the following durable medical equipment that has been prescribed by a Physician within 30 days of the Accidental Injury:

- Crutches;
- Walker;
- Wheelchair; and
- Hospital bed

Emergency Services

We will pay benefits for emergency services that are:

- Performed by a Physician;

- Received in a Hospital, including an Emergency Room, Urgent Care Center or Physician's office; and
- Not psychiatric treatment.

Emergency Follow Up Services

If benefits are received for emergency services and further Care is required, We will pay benefits for emergency follow up services. This benefit is limited to one visit per day, up to a maximum of three visits for each Accidental Injury. The follow up Care must:

- Occur within 30 days of the Accidental Injury or discharge from the Hospital;
- Be provided by a Physician in a Physician's office or in a Hospital on an outpatient basis; and
- Not be on the same day emergency services were received.

Major Diagnostic Exams

We will pay benefits for one major diagnostic exam per Accidental Injury. The exam must be performed within 30 days of the Accidental Injury and be one of the following:

- Computerized Tomography (CT);
- Magnetic Resonance Imaging (MRI); or
- Electroencephalogram (EEG).

Prosthetic Devices

We will pay for Prosthetic Devices received within one year of the Accidental Injury. The Prosthetic Device must be prescribed by a Physician for functional purposes due to the dismemberment of a hand, foot, arm, leg or sight.

Rehabilitative Therapy

We will pay for one Rehabilitative Therapy visit per day, up to a maximum of 10 visits for each Accidental Injury. The Rehabilitative Therapy visits must:

- Be prescribed by a Physician;
- Be provided by a licensed or certified physical, occupational or speech therapist in an office or Hospital;
- Begin within 30 days of the Accidental Injury; and
- Occur within six months after the Accidental Injury.

Tests and X-Rays

We will pay benefits for tests and x-rays required as a result of the Accidental Injury. Tests and x-rays must be performed within 30 days of the Accidental Injury. We will pay for the following tests:

- Blood tests;
- Echocardiography;
- Electrocardiography (EKG); and
- Ultrasound.

SECTION 2: BENEFITS ELIGIBILITY AND CLAIMS PROCESS

Eligibility Requirements

We will pay the benefits listed in Section 1, subject to the conditions, amounts and deductible stated in this Policy.

Payment of benefits is subject to all of the following:

- The Accidental Injury occurred while this Policy was in force;
- Care began within 72 hours of the Accidental Injury;
- Care for the Accidental Injury is received while this Policy is in force and within the United States, its territories or possessions or Canada; and
- The Annual Benefit Bank is not exhausted.

How to File a Claim - Your Role

If there is a loss covered by this Policy, You must provide Us with:

- Notice of claim;
- Completed claim forms; and
- Proof of loss.

Notice of Claim

Written notice of claim must be given to Us within 120 days from the date of loss or as soon as reasonably possible.

You can notify Us by using the mailing address, phone number or e-mail address as follows:

LifeSecure Administrative Office ATTN: Claims Department P. O. Box 13490 Pensacola, FL 32591-3490 1.888.575.8246 E-mail: claims@YourLifeSecure.com
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Claim Forms

When We receive the notice of claim, We will send claim forms to be completed. If these claim forms are not sent within 15 days (GA:10 days), the requirement for proof of loss will have been met if a written statement has been provided to Us about the loss within the time allowed for filing a proof of loss.

Proof of Loss

You will need to submit written proof of loss to Us within 120 days (HI: 450 days; NC:180 days) from the date of loss. Failure to furnish proof within the time period shall not invalidate nor reduce any claim if it was not reasonably possible for You to provide such notice. In any event, except for legal incapacity, proof of loss must be given no later than one year (TN: 450 days) from the date of loss.

Time Payment of Claims

We will pay benefits due upon receipt of satisfactory proof of loss.

Payment of Claims

We will pay the benefits provided by this Policy to You unless they are otherwise assigned. Any benefits unpaid at Your death will be payable to Your estate or Your beneficiary. If benefits are payable to Your estate or a beneficiary who is a minor or not able to give a valid release, We may pay up to \$1,000 (HI & VA: \$2,000; ND: \$5,000) to Your beneficiary or someone related to You by blood or marriage and whom We find is justly entitled to payment. This payment made in good faith will discharge Us to the extent of the amount of payment.

All benefits are payable in United States dollars only.

Excessive Coverage

We will only pay benefits under one contract. If multiple contracts exist, We will only be liable for the one with the highest Annual Benefit Bank. Any premiums paid to Us for excessive coverage shall be refunded to You, Your estate or Your beneficiary.

Unpaid Premium

Any premium due and unpaid may be deducted from the claim payment.

SECTION 3: LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Exclusions

Care must be provided within the United States, its territories or possessions or Canada to be considered eligible for benefits.

No benefits of this Policy are payable when the loss is caused by or contributed to:

- Any illness, loss, or condition specifically excluded from the definition of Accident;
- Operating, learning to operate, or serving as a crew member of any aircraft;
- Engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, or parasailing, (OK: exclusion not applicable);
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test, (OK: exclusion not applicable);
- Officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received, (OK: exclusion not applicable);
- Any act of war whether declared or undeclared;
- Voluntary participation in any riot or civil insurrection;
- Engaging in an illegal activity or occupation;
- Commission or attempt to commit an assault or felony;
- Dental care or treatment unless caused by Accidental Injury to natural teeth;
- Suicide or attempted suicide, while sane or insane (CO & MO: while sane);
- Intentionally self-inflicted injury (SD: treatment or medical condition that results from an attempt at suicide or self-inflicted injury);
- Treatment for a mental or nervous disorder or disease; or
- Being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered and used in accordance with the instructions of a Physician, (AL, LA & TX: being intoxicated or under the influence of any narcotic unless administered and used in accordance with the instructions of a Physician), (SD: exclusion not applicable).

SECTION 4: PREMIUM AND RENEWAL PROVISIONS

Premium Payments

You may pay premiums to Us or to one of Our agents/producers. Your first premium is due on or before the Policy Effective Date. Your Policy Effective Date and premium information are shown on Your Schedule of Benefits.

To keep Your Policy in force after payment of the first full modal premium, You must pay each premium before the end of the Grace Period.

Grace Period

Your Policy has a 31 day Grace Period. This means that if a premium is not paid on or before the date it is due, it may be paid during the following 31 days. This Policy will remain in force during the Grace Period.

Reinstatement

If Your coverage lapses due to non-payment of premium, You may apply for reinstatement within 60 days of the lapse by:

- Paying all the required premium due from the lapse date; and
- Submitting an Application for reinstatement, if We require one.

If We do not require an Application and accept Your premium, this Policy will be reinstated as of the date We received the premium.

If We require an Application, We will give You a conditional receipt for the premium. If We approve the Application, this Policy will be reinstated as of the approval date. If We disapprove the Application, We will notify You in writing. If We do not notify You of Our disapproval, this Policy will be reinstated 45 days (NM: 30 days) after the date of the conditional receipt.

If Your Policy is not reinstated within 60 days from the lapse date, it will terminate. You will need to apply for a new Policy which will have a new Policy Effective Date. You will not have coverage during the interval between the lapse date of Your former Policy and the effective date of Your new Policy.

Except for the conditions stated in this provision and any new provisions We may require for reinstatement, You and We will have the same rights under this Policy as before the non-payment of premiums.

Unearned Premium

If this Policy terminates, We will promptly return any unearned premium.

SECTION 5: GENERAL PROVISIONS

Coverage Effective Date

Coverage under this Policy begins on the Policy Effective Date shown on Your Schedule of Benefits, subject to payment of the required first full modal premium.

Coverage Termination Date

Coverage under this Policy terminates on the earliest of:

- The date We receive Your request in writing that it be cancelled;
- The last day of the Grace Period;
- The Policy anniversary on or following Your 65th birthday; or
- The date of Your death.

Termination of coverage under this Policy shall be without prejudice to any claim for covered services rendered while the Policy is in force.

Entire Contract

The entire contract consists of the Policy, the Schedule of Benefits, Your Application and any riders or endorsements to the Policy that are issued by Us. This Policy is issued in consideration of Your Application and the payment of the first full modal premium.

Contract Changes

No change to this Policy will be valid until approved by one of Our executive officers and unless such approval be endorsed hereon or attached hereto. No agent/producer or other Representative has authority to change this Policy or waive any of its provisions.

Misstatement of Age

If Your age is not correct as stated in the Application and Schedule of Benefits, all benefits provided by this Policy will be the benefits that the premium would have purchased at Your correct age as of the Policy Effective Date. If according to Your correct age, this Policy would not have become effective, or would have terminated before acceptance of the premium, Our liability is limited to the refund of all premiums paid.

Time Limit on Certain Defenses

After two years from the Policy Effective Date, only Your fraudulent misstatements on the Application may be used to void this Policy or deny any claim for loss incurred beginning after the two year period.

Conformity With State Statutes/Severability

Any provision of Your Policy which, on the Policy Effective Date, is contrary to the applicable laws of the state where the Policy is delivered is amended to conform to the minimum requirements of such state laws.

Time Periods

All time periods start and end at 12:01 a.m. in the time zone in which You reside.

Clerical Error

Clerical error or delays in making entries on the records by Us or Our designees will not void Your coverage if Your coverage would otherwise have been in effect. Such clerical error will not cause You to become insured if You were otherwise not eligible. Such clerical error will also not extend Your coverage if

Your coverage would otherwise have ended or been reduced as provided by the Policy. If a clerical error is found, premiums and benefits will be adjusted based on the true facts and the provisions of the Policy.

Physical Exam & Autopsy

We, at Our own expense, shall have the right and opportunity to examine You when and as often as We may reasonably require during the pendency of Your claim, and to request an autopsy in case of death where it is not forbidden by law (MS: autopsy does not apply; SC: autopsy must be performed in SC).

Legal Actions

No action may be brought to recover under this Policy until 60 days after proof of loss has been given to Us. No action can be brought after the expiration of three years (KS: 5 years; SC: 6 years) from the time written proof of loss is required.

Beneficiary Change

You may change Your beneficiary at any time by giving Us written or electronic notice. The effective date of the beneficiary change will be the date the change is received and recorded by Us.

Appeal Process

If You disagree with Our decision regarding Your claim, You can appeal. You may request in writing or electronically within 60 days of Our decision that We reconsider Your claim. Include the reason for the appeal and any documents You feel are pertinent to the situation. You are responsible for the expense of securing additional information, if applicable, for each instance of reconsideration. We will send You Our decision in writing or electronically within 30 days of Our receipt of Your appeal request.

Cancellation By The Insured

You may cancel this Policy at any time by written notice delivered or mailed to Us. Cancellation will take effect upon the date We receive written notice, or upon such later date You specify in the notice. In the event of cancellation, We will promptly return the unearned portion of any premium paid. Cancellation will not prejudice any claim originating before the effective date of cancellation.

SECTION 6: GLOSSARY

This Section provides the definitions of words and terms used in the Policy that have a special meaning when applied to this Policy. To help You recognize these special words and terms, each word is capitalized wherever it appears throughout the Policy.

Accident

Means an unforeseen event which:

- Results in bodily injuries to You;
- Occurs on or after the Policy Effective Date and while this Policy is in force; and
- Is wholly independent of disease, bodily or mental infirmity, illness, infection or any other physical condition.

Accidental Injury

Means

- Trauma or damage to some part of Your body;
- Is a result of an Accident;
- Occurs on or after the Policy Effective Date and while this Policy is in force; and
- Results in Care within 72 hours after the injury.

Ambulance

Means a vehicle or aircraft equipped for transporting injured or sick persons and licensed to provide such service, if licensing is required.

Ambulance does not include a vehicle or aircraft operating outside the United States, its territories or possessions or Canada unless used to transport You into the United States, its territories or possessions or Canada.

Application

Means the written or electronic form provided by Us and completed by You when You apply for coverage or reinstatement of coverage.

Annual Benefit Bank

Means the total dollar benefit amount available under Your Policy for covered services rendered each Calendar Year. Your Annual Benefit Bank will be reduced by all benefit amounts paid. On January 1st of each year, We will restore Your Annual Benefit Bank to the full amount shown on Your Schedule of Benefits.

Annual Deductible Amount

Means the dollar amount that You incur for covered services each Calendar Year before benefits are payable under this Policy.

Calendar Year

Means the period from January 1st to December 31st of the same year.

Care

Means medical treatment or attention received as a result of an Accidental Injury and is a service covered under this Policy. Care must begin within 72 hours of the Accidental Injury. Care does not include any psychiatric treatment.

Emergency Room

Means a specified area within a Hospital that is designated for emergency care and services. This area must:

- Be supervised and staffed by a Physician;
- Be staffed and equipped to handle trauma; and
- Provide care 24 hours a day seven days a week.

Hospital

Means a lawfully operated institution which:

- Has resident facilities for injured or sick patients;
- Primarily provides diagnostic, medical and surgical treatment for the care of injured or sick persons on an inpatient basis for which a charge is incurred;
- Has 24 hour continuous nursing service by or under the supervision of a graduate registered nurse;
- Has at least one Physician on staff who is on call at any time; and
- Is operated pursuant to law and licensed as a Hospital by the responsible agency.

A Hospital is not:

- A nursing home, extended care facility, skilled nursing facility, or hospice;
- A facility primarily providing custodial, educational or rehabilitative care;
- A facility that primarily cares for the aged, drug addicts or alcoholics; or
- A psychiatric unit.

Physician

Means a person who:

- Provides or prescribes services covered by this Policy; and
- Is recognized by law or regulation as a Physician.

A Physician is not:

- A person practicing outside the United States, its territories or possessions or Canada;
- Someone related to You through blood or marriage;
- Someone who customarily resides in the same household as You; or
- You.

Policy

Means the legal contract between You and Us.

Policy Effective Date

Means the date the coverage begins upon receipt of the first full modal premium. The Policy Effective Date is shown on Your Schedule of Benefits.

Premium Due Date

Means each date a premium is due, after the first full modal premium, in accordance with the terms of this Policy.

Prosthetic Device

Means an artificial removable device designed to replace a missing body part.

Prosthetic Device does not include:

- Dental aids, including false teeth;
- Eye glasses;
- Cosmetic prosthesis such as a wig;
- Experimental prosthesis; or
- An auditory aid.

Rehabilitative Therapy

Means rehabilitative health care by a licensed or certified physical, occupational or speech therapist that uses specially designed exercises and equipment, manual therapy, education, and techniques such as heat, cold, water, ultrasound, and electrical stimulation to help regain or improve physical abilities or activities of daily living.

Representative

Means a person or entity legally empowered to represent You.

Schedule of Benefits

Means that part of the Policy that lists information about Your benefits, effective date, coverage, deductible and premium.

Urgent Care Center

Means a facility that:

- Is operated pursuant to law and licensed by the responsible agency;
- Is supervised by a Physician; and
- Delivers unscheduled, walk-in Care.

We, Us, Our

Means LifeSecure Insurance Company or the administrator it designates.

You, Your or Yourself

Means the primary policyholder named on the Schedule of Benefits.



LifeSecure Insurance Company
10559 Citation Drive, Suite 300
Brighton, MI 48116
1-888-575-8246

PERSONAL ACCIDENT INSURANCE

SCHEDULE OF BENEFITS

Primary Policyholder: [John Smith
10 Main Street
Anytown, USA 11111]

Policy Number: [LS-0000001]

Policy Effective Date: [10/01/11]

Issue Age: [45]

**[Coverage Change
Effective Date:** 11/01/11]

Type of Coverage:

[Self Only]
[Self+ Spouse/Domestic Partner]
[Self + Children]
[Self + Spouse/Domestic Partner & Children]

BENEFITS AND COVERAGE AMOUNTS

Annual Benefit Bank: [\$1,000 - \$25,000]

Annual Deductible Amount: [\$100, \$250, \$500]
[Additional Insured Deductible Amount [\$100, \$250, \$500]

[Dependent Insured Deductible Amount [\$100, \$250, \$500] per child*]

[*The family deductible amount is two times (2x) the Annual Deductible Amount and must be satisfied by two or more family members.]

[OPTIONAL BENEFIT RIDERS]

[<u>Additional Insured Rider</u>	\$xxx.xx]
[<u>Dependent Rider</u>	\$xxx.xx]
[_____	\$xxx.xx]
[_____	\$xxx.xx]

PREMIUM INFORMATION

Premium Payment Mode: [Monthly, Quarterly, Semi-annual, Annual]

Premium Amount: [\$###] per [month, quarter, semi-annual period, year, Bi-Weekly period]
[\$### per payroll deduction]



LifeSecure Insurance Company
10559 Citation Dr., Suite 300
Brighton, MI 48116
1.888.575.8246

ADDITIONAL INSURED RIDER

PLEASE READ THIS RIDER CAREFULLY. This Additional Insured Rider is made a part of Your Policy. All definitions, exclusions, limitations or conditions on eligibility for benefits of the Policy apply to this rider unless modified herein.

PREMIUM AND RENEWAL PROVISIONS

Premium for this rider is shown on the Schedule of Benefits and is due according to the terms of the Policy.

COVERED SERVICES

After the additional insured deductible amount has been satisfied, We will pay the benefits described in the Policy, less any adjustment or discounts, up to the Annual Benefit Bank. For any of the benefits to be payable, the covered services rendered must be due to an Accidental Injury and Care must begin within 72 hours of the Accidental Injury.

Annual Deductible Amount

The additional insured deductible amount is the dollar amount shown on the Schedule of Benefits that is incurred by the Additional Insured for covered services each Calendar Year before benefits are payable under the Policy. The family deductible amount is two times (2x) the Annual Deductible Amount and must be satisfied by two or more family members. Once the family deductible has been satisfied for the Calendar Year, each family member is eligible for benefits even if his/her individual deductible has not been met.

Disappearing Deductible

The additional insured deductible amount will decrease according to the terms of the Policy.

GENERAL PROVISIONS

Coverage Effective Date

Coverage under this rider begins on the effective date shown on the Schedule of Benefits, subject to payment of the required premium.

Coverage Termination Date

Coverage under this rider will terminate on the earliest of:

- The date the Policy terminates;
- The policy anniversary date on or following the Additional Insured's 65th birthday;
- The date You request in writing to cancel this rider;
- The date of the Additional Insured's death.

If coverage under this rider terminates, except for the Additional Insured's reaching age 65 or death, the Additional Insured has the right to be issued a policy with benefits similar to what was terminated. To obtain the policy, the Additional Insured must make application to Us and pay the appropriate premium.

GLOSSARY

Accident

Means an unforeseen event which:

- Results in bodily injuries to the Additional Insured;
- Occurs on or after the rider effective date and while the Policy is in force; and
- Is wholly independent of disease, bodily or mental infirmity, illness, infection or any other physical condition.

Accidental Injury

Means

- Trauma or damage to some part of the Additional Insured's body;
- Is a result of an Accident;
- Occurs on or after the rider effective date and while the Policy is in force; and
- Results in Care within 72 hours after the injury.

Additional Insured

Means Your spouse or domestic partner (DC: spouse/domestic or legal partner; HI: civil union; MT: cohabitant).

President

A handwritten signature in black ink, appearing to read "Lisa Wendt", written in a cursive style.



LifeSecure Insurance Company

10559 Citation Dr., Suite 300
Brighton, MI 48116
1.888.575.8246

DEPENDENT RIDER

PLEASE READ THIS RIDER CAREFULLY. This Dependent Rider is made a part of Your Policy. All definitions, exclusions, limitations or conditions on eligibility for benefits of the Policy apply to this rider unless modified herein.

PREMIUM AND RENEWAL PROVISIONS

Premium for this rider is shown on the Schedule of Benefits and is due according to the terms of the Policy.

COVERED SERVICES

After the Annual Deductible Amount has been satisfied, We will pay the benefits described in the Policy, less any adjustment or discounts, up to the Annual Benefit Bank. For any of the benefits to be payable, the covered services rendered must be due to an Accidental Injury and Care must begin within 72 hours of the Accidental Injury.

Annual Deductible Amount

The dependent insured deductible amount is the dollar amount shown on the Schedule of Benefits that is incurred by each Dependent for covered services each Calendar Year before benefits are payable under the Policy. The family deductible amount is two times (2x) the Annual Deductible Amount and must be satisfied by two or more family members. Once the family deductible has been satisfied for the Calendar Year, each family member is eligible for benefits even if his/her individual deductible has not been met.

Disappearing Deductible

The dependent insured deductible amount will decrease according to the terms of the Policy.

GENERAL PROVISIONS

Coverage Effective Date

Coverage under this rider begins on the effective date shown on the Schedule of Benefits, subject to payment of the required premium.

Coverage Termination Date

Coverage under this rider terminates on the earliest of:

- The date the Policy terminates;
- The date You request in writing to cancel this rider;
- The policy anniversary date on or following Your Dependent's 26th birthday;
- The date Your Dependent marries; or
- The date of Your Dependent's death.

If coverage under this rider terminates, Your Dependent who is 18 or older has the right to be issued a policy with benefits similar to what was terminated. To obtain the policy, the Dependent must make application to Us and pay the appropriate premium.

GLOSSARY

Accident

Means an unforeseen event which:

- Results in bodily injuries to a Dependent;
- Occurs on or after the rider effective date and while the Policy is in force; and
- Is wholly independent of disease, bodily or mental infirmity, illness, infection or any other physical condition.

Accidental Injury

Means

- Trauma or damage to some part of a Dependent's body;
- Is a result of an Accident;
- Occurs on or after the rider effective date and while the Policy is in force; and
- Results in Care within 72 hours after the injury.

Dependent

Means Your children, stepchildren, foster or legally adopted children who are unmarried and dependent on You and are:

- Named on the application and are less than 26 years old;
- Born to You after the rider effective date;
- Legally adopted by You after the rider effective date and before their 26th birthday; or
- Your legal obligation for total or partial support including the anticipation of adoption.

Coverage for Dependents age 26 or older will not terminate if they are:

- Incapable of self-sustaining employment by reason of intellectual or physical disability (intellectual or physical disability includes mental retardation, physical handicap and mental or physical incapacity); and
- Chiefly dependent on You for support and maintenance.

On or following the policy anniversary date of Your Dependent's 26th birthday, We may request proof of intellectual or physical disability.

President

A handwritten signature in black ink, appearing to read "Lisa Wendt", written in a cursive style.

SERFF Tracking Number:	LFSC-127201970	State:	Arkansas
Filing Company:	LifeSecure Insurance Company	State Tracking Number:	49559
Company Tracking Number:	POL-LS-AC-0001 ST 09/11		
TOI:	H021 Individual Health - Accident Only	Sub-TOI:	H021.000 Health - Accident Only
Product Name:	Personal Accident Insurance		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/16/2011
Comments:		
Attachment:		
Certification of Compliance 8.11.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved-Closed	08/16/2011
Comments:		
Attachment:		
LS-AC-0260 ST 09 11 - Application - .pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	08/16/2011
Comments:		
Attachment:		
Actuarial Memo - GN Accident AJ.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	08/16/2011
Comments:		
Attachment:		
LS-AC-0052 ST 09.11. Outline of Coveragedocx.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Variability Statement	Approved-Closed	08/16/2011
Comments:		

<i>SERFF Tracking Number:</i>	<i>LFSC-127201970</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>LifeSecure Insurance Company</i>	<i>State Tracking Number:</i>	<i>49559</i>
<i>Company Tracking Number:</i>	<i>POL-LS-AC-0001 ST 09/11</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Personal Accident Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Attachment:

LS-AC-0260-V ST 09.11 - Statement of Variability.pdf

**ARKANSAS
CERTIFICATION OF COMPLIANCE
Policy Form LS-AC-0001 ST 09/11**

I, Brian Vestergaard, Vice President, Marketing and Product Development,
certify the enclosed policy forms – LS-AC-0001 ST 09/11 et. al., are in
compliance with the following:

- AR Regulation 19 – Unfair Sex Discrimination in the Sale of Insurance
 - Actuarial Memorandum, Rates and Company Guidelines and Underwriting procedures are in compliance to ensure compliance.
- AR Regulation 49 – Life & Health Guaranty Association – dissemination at the time of policy delivery of the Limitations & Exclusions under the Arkansas Life & Health Insurance Guaranty Association Act.
 - Company Procedures require Attachment A to be delivered with the Policy.
- Flesch Certification
ACA 23-80-206
- ACA 23-79-138 Information to accompany policies.
 - This information has been included on the Schedule of Benefits

**Brian
Vestergaard**

Digitally signed by Brian Vestergaard
DN: cn=Brian Vestergaard, o=LifeSecure
Insurance Company, ou=VP Marketing
and Product Development,
email=bvestergaard@yourlifefecure.co
m, c=US
Date: 2011.08.04 15:13:30 -04'00'

Brian Vestergaard, Vice President
Marketing & Product Development

08/15/11

Date



LifeSecure Insurance Company

10559 Citation Drive, Suite 300

Brighton, MI 48116

(866) 582-7701

Personal Accident Insurance Application

Application for: ☐ New Coverage ☐ Reinstatement ☐ Increase of Benefits

Section A: Primary Applicant Information [Print clearly – Use black or blue ink.]

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Group Number (if applicable): _____

Name (First, MI, Last) _____ Date of Birth (mm/dd/yyyy) _____ Social Security Number (or other ID Number) _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____ Telephone _____

Gender: ☐ Male ☐ Female

E-mail Address _____

How would you like to receive your Policy Welcome Kit?

☐ Hard copy via Mail ☐ Electronic via [E-mail]

Section B: Coverage Selection

☐ Self-only ☐ Self plus Spouse/Domestic Partner* ☐ Self plus Children* ☐ Self plus Spouse/Domestic Partner & Children*

ANNUAL BENEFIT BANK AMOUNT: Enter a dollar amount between [\$1,000 and \$15,000* (\$100 increments)] \$ _____

[*If applying for coverage to include dependents, the Annual Benefit Bank is shared between the primary applicant and all dependents. The shared amount can be up to \$25,000.]

ANNUAL DEDUCTIBLE: ☐ \$100 ☐ \$250 ☐ \$500

Dependent Information [(Do not complete if you elected Self-only coverage above.)]

	Dependent Name	Date of Birth	Gender	Relationship
1.	_____ Name (First, MI, Last)	_____ (mm/dd/yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F	_____
2.	_____ Name (First, MI, Last)	_____ (mm/dd/yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F	_____
3.	_____ Name (First, MI, Last)	_____ (mm/dd/yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F	_____
4.	_____ Name (First, MI, Last)	_____ (mm/dd/yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F	_____
5.	_____ Name (First, MI, Last)	_____ (mm/dd/yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F	_____

Section C: Premium Payment Authorization

Premium Amount: [\$_____ Monthly] [\$_____ Quarterly] [\$_____ Semi-Annually] [\$_____ Annually]
[\$_____ Bi-Weekly]

Premium Payment Frequency:

☐ Monthly* ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Bi-Weekly

[*\$2.00 monthly fee applies if you select Direct Bill (mail)]

Premium Payment Method:

☐ Automatic Payroll Deduction ☐ Direct Bill (mail) ☐ Automatic Credit Card Payment ☐
☐ Monthly Electronic Funds Transfer (EFT)

[If you selected Credit Card or EFT payment method, please choose a preferred transaction date _____ (1st – 28th)].

Authorization for Automatic Payroll Deduction: (applicable only for participating employers)

By electing this payment method, I authorize my employer to deduct my insurance premiums automatically from my payroll.

[Payroll System/Division: _____] [Payroll Location: _____]

[Payroll Frequency: _____] [Employee Number: _____]

Authorization for EFT or Credit Card: I authorize LifeSecure to electronically withdraw money from my account or credit card for the payment of premiums for this insurance policy. I authorize LifeSecure to continue to make these withdrawals if there is a renewal, or other change in the policy. I will compensate LifeSecure for any loss, claim, or liability caused by these withdrawals and will not hold LifeSecure responsible for any such loss, claim, or liability. This authorization will not affect the terms of the policy. Authorizing this automatic payment plan does not put the insurance policy into effect. This authorization may be retracted by me or LifeSecure at any time for any reason by giving written notice. LifeSecure may retract the authorization immediately, without giving me written notice, if any debt is not paid, for any reason.

Name of Bank: _____

Bank Address: _____

Telephone #: _____

Account Type: ☐ checking ☐ savings

Account #: _____

Routing #: _____

Credit Card:

Select Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Card

Credit Card #: _____ Expiration Date: _____

Name as it appears on Card: _____

Section D: Applicant Authorization

Your signature, whether electronic or handwritten, represents your acknowledgement, acceptance and authorization of each statement. Please consider each statement carefully before providing your signature authorization.

Acknowledgements: I represent that all information supplied is true and complete to the best of my knowledge. I understand that LifeSecure will have no liability until a policy is issued to me and the first full premium for the issued policy has been paid. I understand that the policy will not take effect until my application is approved by LifeSecure and that my authorized representative or I may request a copy of this authorization. I also understand that I may cancel this

authorization at any time by contacting LifeSecure Insurance Company at 10559 Citation Drive, Suite 300, Brighton, MI 48116.

The Policy is an Accident Only Policy and provides limited benefits. Review Your Policy carefully!

I represent that I have signed the application in: _____
City State

Signature Method:

☐ Voice Authorization ☐ Signature via Faxed Application ☐ Signature via Signature Pad

1. Clicking "Accept" below represents my acknowledgement, acceptance and authorization for all statements checked above. My authorized representative or I may request to receive a copy of this authorization.

☐ ☐ Accept ☐ Decline _____

Date

Voice Authorization Code _____

A copy of your voice authorization recording is available upon request.

2. My signature below represents my acknowledgement, acceptance and authorization for all statements checked above. My authorized representative or I may request to receive a copy of this authorization.

Signature

Date

Printed Name

3. My signature below represents my acknowledgement, acceptance and authorization for all statements checked above. My authorized representative or I may request to receive a copy of this authorization.

Signature

Date

Printed Name

4. Clicking "Accept" below represents my acknowledgement, acceptance and authorization for all statements checked above. My authorized representative or I may request to receive a copy of this authorization.

☐ ☐ Accept ☐ Decline _____

Date

[Section E: Agent Report]

Authorizations: I have truthfully and accurately recorded the information supplied to me by the applicant for completion of this application.

1. Clicking "Accept" represents my acknowledgement, acceptance and authorization for the statement above.

☐ Accept

☐ Decline

Soliciting Agent's Name

Date

LifeSecure ID#

Contract Number

(_____)
Voice Authorization Code

2. My Signature below represents my acknowledgement, acceptance and authorization for the statement above.

Soliciting Agent's Signature

Printed Name

LifeSecure ID#

Contract Number

Date

3. My Signature below represents my acknowledgement, acceptance and authorization for the statement above.

Soliciting Agent's Signature

Printed Name

LifeSecure ID#

Contract Number

Date

Case Split Information (if applicable)

LifeSecure ID#

Agent Name

% Split

Contract Number

Section [F][E]: Notices to the Applicant

FRAUD NOTICE:

[For All States Not Listed Separately Below:] Any person who, with intent to defraud, or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

To residents of **Arkansas, Louisiana, Maryland, Rhode Island & West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

To residents of **Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

To residents of **DC:** **WARNING IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.**

To residents of **Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

To residents of **New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

To residents of **Oklahoma:** **WARNING** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

To residents of **Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

To residents of **Tennessee, Virginia & Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
LIFE SECURE INSURANCE COMPANY
Personal Accident Insurance Policy and Riders
Form LS-AC 0001 et al

1. SCOPE AND PURPOSE OF FILING

The purpose of this filing is to demonstrate that the anticipated loss ratio for this form meets the minimum requirements of this state and to certify that benefits are reasonable in relationship to the premiums charged. This filing is not intended to be used for any other purposes.

2. DESCRIPTION OF BENEFITS

The following is intended to be a general description of the benefits provided by this policy. For a detailed description of the benefits, limitations, and exclusions please refer to the policy language.

BASE POLICY - Individual Accident Policy

Individual Accident Policy

This policy reimburses charges to the customer after any network discounts from providers for medical expenses resulting from an accident. The reimbursement is for 100% of the covered expenses up to a maximum dollar amount. Policy will provide coverage for the primary insured; spouse and children coverage will be available through the addition of optional riders.

Base Policy Benefit Payout Conditions

The payment of benefits for an accident is subject to the following conditions:

1. The accidental injury and care occurs while the coverage is effective under the policy;
2. Care must begin within 72 hours of the accidental injury;
3. The benefit payment is not precluded by any general or specific exclusion, description, or any failure to meet any condition precedent stated in this policy;
4. The annual benefit bank is not exhausted;

All covered benefits will be paid from the annual benefit bank amount that corresponds to the calendar year in which the expense takes place, regardless of when the accident occurred. No benefits will be paid for care received beyond the termination or lapse date of this policy, regardless of when the accident occurred.

Base Policy Benefit Options

Coverage Type - Individual Base Policy, Optional Spouse Rider, Optional Child Rider

Calendar Year Deductible Amount Per Coverage Purchased - \$100, \$250, \$500

1. This annual deductible amount will apply per covered person.
2. Each child will have a separate deductible amount to satisfy.
3. The family deductible amount will be capped at 2X the individual deductible amount.

Deductible Credit Feature (Disappearing Deductible) - Included with all deductible options for Personal Accident Insurance Policy

1. A reduction is applied to the insured person's deductible amount each year his/her prior year deductible is not satisfied.
2. The disappearing deductible schedule* is as follows:

Calendar Year 1**	100% of original deductible amount
Calendar Year 2	80% of original deductible amount
Calendar Year 3	60% of original deductible amount
Calendar Year 4	40% of original deductible amount
Calendar Year 5	20% of original deductible amount
Calendar Year 6	No deductible***

* If an insured meets his/her deductible, it resets to the original level for the next calendar year.

** For policies issued on or after October 1st, Calendar Year 1 starts the year following issue.

*** Once the calendar year deductible reaches \$0, it remains at \$0 until the policy terminates.

Annual Benefit Bank Amount Per Policy (to be shared by all covered persons)

Minimum:	\$1,000
Individual Policy Maximum:	\$15,000
Family* Policy Maximum:	\$25,000

* A Family Policy can be defined as an individual policy plus spouse rider, an individual policy plus child rider, or an individual policy plus spouse and child riders.

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
LIFE SECURE INSURANCE COMPANY
Personal Accident Insurance Policy and Riders
Form LS-AC 0001 et al

Base Policy Covered Benefits (All subject to Calendar Year deductible)

Accident Emergency Care Benefit

This benefit pays charges for emergency care for each accidental injury sustained. Such emergency care must be received from a physician in a hospital, emergency room, or urgent care center in the United States or Canada.

Accident Follow-up Care Benefit

If an Insured receives emergency care and later requires additional care, this benefit will pay for such follow-up care. The benefit is limited to a maximum of three follow-up visits, all of which must occur within 30 days of the accidental injury or discharge from the hospital. These follow-up visits must be facilitated by a physician in a physician's office or in a hospital on an outpatient basis.

Ambulance Benefit

This benefit pays for transportation of an insured person in an ambulance (ground or air) to a hospital by a licensed ambulance company for each accidental injury sustained. This benefit only applies to transportation related to an accidental injury for which an accident emergency benefit is payable under this policy.

Drug Benefit

This benefit pays for drugs administered in a hospital or urgent care center during the care of an accidental injury. There will be no payment for drugs prescribed to be taken or used after the initial care.

Durable Medical Equipment Benefit

This benefit pays for the rental or purchase of durable medical equipment when it is advised by a physician for use as a result of injuries sustained in a covered accident. This benefit pays for the following: crutches, wheelchair, hospital bed, walker. The equipment must be recommended within 30 days of the accidental injury.

Major Diagnostic Exams Benefit

This benefit pays for an exam required due to an injury sustained in an accident. This benefit will pay for a maximum of one exam per injury and this exam must be performed within 30 days of the accidental injury. Major diagnostic exams covered by this benefit are limited to:

CT (computerized tomography) scan
EEG (electroencephalogram)
MRI (magnetic resonance imaging)

Prosthesis Benefit

This benefit pays for prosthetic devices prescribed by a physician for functional purposes when an insured person suffers the dismemberment of a hand, foot, arm, or leg or the loss of sight due to an accident. The prosthetic devices must be received within one year of the accidental injury.

Rehabilitative Therapy Benefit

This benefit pays for rehabilitative therapy received as a result of an accident when this therapy is prescribed by a physician and conducted by a physical, occupational, or speech therapist in an office or hospital. The rehabilitative therapy must begin within 30 days of the accidental injury or discharge from the hospital and must be completed within six months after the accidental injury. Benefits are limited to one therapy visit per day, up to a maximum of 10 visits per accidental injury.

Tests and X-rays Benefit

This benefit pays for tests and x-rays required due to an injury sustained in an accident. These tests and x-rays must be performed within 30 days of the accidental injury. Tests covered by this benefit are limited to:

Blood Test
Echocardiography
EKG (electrocardiography)
Ultrasound

EXCLUSIONS

NO benefits will be paid under this policy if covered services provided are not related to a covered accident. For a detailed description of exclusions please refer to the policy language.

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
LIFE SECURE INSURANCE COMPANY
Personal Accident Insurance Policy and Riders
Form LS-AC 0001 et al

3. ISSUE AGES AND RENEWABILITY CLAUSE

Base policies will be issued to individuals age 18-64 (children under 18 may be covered by rider) and are guaranteed renewable to age 65 subject to the Company's right to change premiums by class of the insured.

4. UNDERWRITING

This policy is guaranteed issue without any underwriting.

5. MARKETING METHOD

This policy will be marketed through independent agents and brokers, call centers (w/licensed agents), and direct mail.

6. EXPENSES AND COMMISSIONS

The unit expense assumptions used in pricing these plans are included below. They are based on company estimates.

Percentage of Premium Expenses

Policy Year	Sales and Marketing	Premium Overhead	Premium Tax
1	6.0%	3.0%	2.00%
2+	0.0%	3.0%	2.00%

Percentage of Claims Expenses (Claims Adjudication)

Percent of Paid Claims: 2%

Per Policy Expenses

Policy Year	<u>Brokerage Sold Business</u>	
	<u>Issue Expense</u>	<u>Maintenance Expense *</u>
1	\$32.27	\$47.94
2+	\$0.00	\$47.94

* Inflated 3% annually for 20 years

The commissions assumptions used in pricing these plans are included below.

Policy Year	<u>Commissions</u>
1	65.0%
2-5	15.0%
6+	5.0%

7. GROSS PREMIUM ASSUMPTIONS

The pricing assumptions used in the calculation of gross premiums are attached as Exhibit A. The premiums vary by issue age, annual benefit bank, deductible level, and optional riders selected.

The estimated nationwide average annual premium per policy is \$462, based upon the distributions and assumptions shown in Exhibit A.

The gross premiums are attached as Exhibit C. Please note that annual benefit bank amounts will be offered in increments of \$100; linear interpolation will be used to determine premium rates for those banks that fall within the levels provided in Exhibit C.

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
LIFE SECURE INSURANCE COMPANY
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8. ANTICIPATED LOSS RATIO

The anticipated loss ratio for this form is 55.3%, calculated as the present value of incurred claims divided by the present value of earned premiums discounted at the valuation interest rate of 4%. Active life reserves are not included in the calculation of the incurred loss ratio. A demonstration of anticipated loss ratios by policy year is attached in Exhibit B.

9. MINIMUM REQUIRED LOSS RATIO

Since this is a reimbursement policy, the presumed minimum required loss ratio for individual guaranteed renewable policies of this type is 55%.

10. ACTUARIAL CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws of this state and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"; that the anticipated loss ratio submitted herein is expected to develop over the period for which rates are computed to provide coverage; and that the benefits are reasonable in relation to the premiums charged. In my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.

Respectfully submitted,



Kelsey L. Stevens, F.S.A., M.A.A.A.
Consulting Actuary
Wakely Actuarial Services, Inc.
Palm Harbor, Florida

August 15, 2011

Attachments:

Exhibit A:	Pricing Assumptions
Exhibit B:	Anticipated Loss Ratios
Exhibit C:	Gross Monthly Premiums

LIFE SECURE INSURANCE COMPANY
Personal Accident Insurance Policy and Riders
Exhibit A - Pricing Assumptions

1) Mortality and Lapse Rates

Total lapse rates, including mortality, are as follows:

Policy Year	18-24	25-29	30-34	35-39	Issue Age 40-44	45-49	50-54	55-59	60-64
1	0.22	0.21	0.19	0.17	0.16	0.14	0.14	0.13	0.13
2	0.22	0.21	0.19	0.17	0.16	0.14	0.14	0.13	0.13
3	0.22	0.21	0.19	0.17	0.16	0.14	0.14	0.13	0.13
4	0.22	0.21	0.19	0.17	0.16	0.14	0.14	0.13	1.00
5	0.22	0.21	0.19	0.17	0.16	0.14	0.14	0.13	
6	0.20	0.19	0.17	0.15	0.14	0.14	0.13	0.12	
7	0.19	0.17	0.16	0.14	0.14	0.13	0.12	0.12	
8	0.17	0.16	0.15	0.14	0.13	0.12	0.12	0.12	
9	0.15	0.14	0.14	0.13	0.13	0.12	0.11	1.00	
10	0.14	0.14	0.14	0.13	0.13	0.12	0.11		
11	0.13	0.13	0.13	0.12	0.12	0.11	0.10		
12	0.13	0.13	0.13	0.12	0.12	0.11	0.10		
13	0.13	0.13	0.13	0.12	0.12	0.11	0.10		
14	0.13	0.13	0.13	0.12	0.12	0.11	1.00		
15	0.13	0.13	0.13	0.12	0.12	0.11			
16	0.13	0.13	0.13	0.12	0.12	0.11			
17	0.13	0.13	0.13	0.12	0.12	0.11			
18	0.13	0.13	0.13	0.12	0.12	0.11			
19	0.13	0.13	0.13	0.12	0.12	1.00			
20+	0.13	0.13	0.13	0.12	0.12				

All coverage will terminate on the policy anniversary following the insured's 65th birthday.
Mortality is based on 100% of the 2000 US Life Table

2) Interest

5.0%

3) Claim Costs

Pricing claim costs were derived from Wakely Actuarial Services, Inc. Claim Cost Guidelines, client company experience and published industry data. Source data include: Health and Injury Chartbook 2010, U.S. Department of HHS 2010, National Hospital Ambulatory Medical Care Survey: 2003 Emergency Department Survey, and Center for Disease Control.

Assumed gender distribution is 60% male, 40% female. The following selection factors are applied to account for policyholder antiselection:

Policy Year	Selection Factor
1	1.15
2+	1.00

The claim cost development assumed an annual trend of 5% applicable to medical costs for accident related services.

4) Contingency and Risk Margin

This product has a 3.6% contingency and risk margin included in the pricing.

5) Reserves

Statutory: Gross unearned premiums plus the tabular reserves will be held. Tabular reserves are calculated under a 2 year full preliminary term method, 2001 CSO Mortality Table and 4% interest. Voluntary lapse rates are used in the calculation of the tabular reserve subject to statutory limitations.

6) Sales Distribution (Percent of Policies Issued)

a) Distribution by mode

Assumed 100% monthly mode (no modal loading)

b) Distribution by Type of Coverage

<u>Type of Coverage</u>	<u>Percent Distribution*</u>	<u>Percent Distribution**</u>	<u>Grand Total Distribution</u>
Individual Policy Only	40%	0%	36%
Individual plus Spouse Rider	15%	25%	16%
Individual plus Child Rider	10%	17%	11%
Individual plus Spouse and Child Rider	35%	58%	37%
Total	100%	100%	100%

*All benefit banks except \$25,000

** \$25,000 benefit bank only

c) Distribution by Age

<u>Issue Age</u>	<u>% Distribution</u>
18-24	5.0%
25-34	22.0%
35-44	28.0%
45-54	30.0%
55-64	15.0%
Total	100.0%

d) Distribution by Benefit Amount

<u>Size</u>	<u>% Distribution</u>
\$2,000	15%
\$5,000	35%
\$10,000	20%
\$15,000	20%
\$25,000	10%
Total	100%

e) Distribution by Deductible Level

<u>Assumed Level</u>	<u>% Distribution</u>
\$100	30%
\$250	40%
\$500	30%
Total	100%

EXHIBIT B - ANTICIPATED LOSS RATIOS

LIFE SECURE INSURANCE COMPANY

Personal Accident Insurance Policy and Riders

Policy Year	Expected Earned Premiums	Expected Incurred Claims	Expected Incurred Claim Loss Ratio
1	427,125	196,001	45.9%
2	357,197	155,621	43.6%
3	299,083	140,443	47.0%
4	236,233	121,434	51.4%
5	197,822	110,454	55.8%
6	166,957	100,805	60.4%
7	142,918	90,251	63.1%
8	123,434	79,297	64.2%
9	92,397	63,133	68.3%
10	80,703	57,589	71.4%
11	70,867	52,749	74.4%
12	62,646	48,621	77.6%
13	55,388	42,753	77.2%
14	37,653	30,660	81.4%
15	33,124	28,080	84.8%
16	29,141	25,725	88.3%
17	25,640	23,559	91.9%
18	22,560	20,309	90.0%
19	14,038	13,295	94.7%
20	12,296	12,101	98.4%
21	10,771	11,016	102.3%
22	9,435	10,025	106.3%
23	8,265	8,512	103.0%
24	4,804	5,220	108.7%
25	4,199	4,736	112.8%
26	3,670	4,296	117.0%
27	3,208	3,896	121.4%
28	2,804	3,234	115.3%
29	1,426	1,702	119.3%
30	1,241	1,535	123.7%
Present Values @ 4.00%:	2,051,960	1,133,861	55.3%

Gross Monthly Premiums

Personal Accident Insurance Policy
Annual Benefit Bank = \$1,000

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	26.18	12.25	8.04
25-34	19.72	9.22	8.04
35-44	17.52	8.20	8.04
45-54	16.98	7.95	8.04
55-64	19.48	9.09	8.04

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	22.91	10.72	6.59
25-34	17.25	8.06	6.59
35-44	15.33	7.18	6.59
45-54	14.86	6.95	6.59
55-64	17.04	7.96	6.59

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	19.64	9.19	5.28
25-34	14.79	6.91	5.28
35-44	11.67	5.85	5.28
45-54	11.31	5.67	5.28
55-64	13.06	6.55	5.28

Gross Monthly Premiums

Personal Accident Insurance Policy
Annual Benefit Bank = \$2,000

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	29.09	14.59	8.34
25-34	21.98	11.02	8.34
35-44	19.45	9.75	8.34
45-54	18.84	9.45	8.34
55-64	21.77	10.92	8.34

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	25.46	12.77	6.84
25-34	19.23	9.65	6.84
35-44	17.01	8.53	6.84
45-54	16.49	8.27	6.84
55-64	19.05	9.56	6.84

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	21.82	10.94	5.47
25-34	16.48	8.27	5.47
35-44	14.58	7.31	5.47
45-54	14.13	7.09	5.47
55-64	16.33	8.19	5.47

Gross Monthly Premiums

Personal Accident Insurance Policy
Annual Benefit Bank = \$3,000

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	32.00	16.93	8.64
25-34	24.24	12.83	8.64
35-44	21.37	11.30	8.64
45-54	20.70	10.95	8.64
55-64	24.07	12.75	8.64

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	28.00	14.82	7.09
25-34	21.21	11.23	7.09
35-44	18.69	9.89	7.09
45-54	18.12	9.58	7.09
55-64	21.06	11.15	7.09

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	24.00	12.70	5.67
25-34	18.18	9.62	5.67
35-44	16.02	8.48	5.67
45-54	15.53	8.21	5.67
55-64	18.05	9.56	5.67

Gross Monthly Premiums

Personal Accident Insurance Policy

Annual Benefit Bank = \$4,000

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	34.75	19.18	8.97
25-34	26.33	14.54	8.97
35-44	23.20	12.80	8.97
45-54	22.48	12.41	8.97
55-64	26.15	14.45	8.97

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	30.41	16.78	7.36
25-34	23.04	12.72	7.36
35-44	20.30	11.20	7.36
45-54	19.67	10.86	7.36
55-64	22.89	12.64	7.36

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	26.06	14.39	5.88
25-34	19.75	10.91	5.88
35-44	17.40	9.60	5.88
45-54	16.86	9.30	5.88
55-64	19.62	10.84	5.88

Gross Monthly Premiums

Personal Accident Insurance Policy
Annual Benefit Bank = \$5,000

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	37.18	21.24	9.33
25-34	28.09	16.05	9.33
35-44	24.85	14.20	9.33
45-54	24.08	13.76	9.33
55-64	27.83	15.90	9.33

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	32.53	18.59	7.66
25-34	24.58	14.04	7.66
35-44	21.75	12.43	7.66
45-54	21.07	12.04	7.66
55-64	24.35	13.91	7.66

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	27.88	15.93	6.13
25-34	21.07	12.04	6.13
35-44	18.64	10.65	6.13
45-54	18.06	10.32	6.13
55-64	20.87	11.92	6.13

Gross Monthly Premiums

Personal Accident Insurance Policy
Annual Benefit Bank = \$6,000

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	39.17	23.05	9.76
25-34	29.40	17.29	9.76
35-44	26.26	15.45	9.76
45-54	25.44	14.97	9.76
55-64	28.94	17.01	9.76

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	34.27	20.17	8.00
25-34	25.72	15.13	8.00
35-44	22.98	13.52	8.00
45-54	22.27	13.10	8.00
55-64	25.32	14.88	8.00

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	29.38	17.29	6.40
25-34	22.05	12.97	6.40
35-44	19.70	11.59	6.40
45-54	19.09	11.23	6.40
55-64	21.70	12.76	6.40

Gross Monthly Premiums

Personal Accident Insurance Policy
Annual Benefit Bank = \$7,000

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	40.77	24.61	10.22
25-34	30.33	18.29	10.22
35-44	27.44	16.57	10.22
45-54	26.59	16.06	10.22
55-64	29.59	17.84	10.22

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	35.68	21.53	8.38
25-34	26.53	16.00	8.38
35-44	24.02	14.50	8.38
45-54	23.27	14.05	8.38
55-64	25.88	15.60	8.38

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	30.58	18.46	6.71
25-34	22.74	13.72	6.71
35-44	20.59	12.43	6.71
45-54	19.95	12.05	6.71
55-64	22.19	13.37	6.71

Gross Monthly Premiums

Personal Accident Insurance Policy
Annual Benefit Bank = \$8,000

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	42.07	25.97	10.70
25-34	30.99	19.12	10.70
35-44	28.44	17.57	10.70
45-54	27.55	17.02	10.70
55-64	29.95	18.47	10.70

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	36.81	22.73	8.78
25-34	27.11	16.73	8.78
35-44	24.89	15.37	8.78
45-54	24.12	14.90	8.78
55-64	26.19	16.15	8.78

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	31.56	19.49	7.02
25-34	23.24	14.34	7.02
35-44	21.34	13.18	7.02
45-54	20.67	12.77	7.02
55-64	22.45	13.84	7.02

Gross Monthly Premiums

Personal Accident Insurance Policy
Annual Benefit Bank = \$9,000

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	43.15	27.19	11.18
25-34	31.50	19.84	11.18
35-44	29.29	18.46	11.18
45-54	28.38	17.88	11.18
55-64	30.16	18.98	11.18

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	37.76	23.79	9.17
25-34	27.56	17.36	9.17
35-44	25.63	16.15	9.17
45-54	24.84	15.65	9.17
55-64	26.37	16.60	9.17

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	32.37	20.39	7.34
25-34	23.62	14.88	7.34
35-44	21.98	13.85	7.34
45-54	21.29	13.42	7.34
55-64	22.61	14.23	7.34

Gross Monthly Premiums

Personal Accident Insurance Policy
Annual Benefit Bank = \$10,000

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	44.11	28.29	11.64
25-34	31.97	20.50	11.64
35-44	30.04	19.26	11.64
45-54	29.10	18.66	11.64
55-64	30.38	19.48	11.64

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	38.60	24.75	9.54
25-34	27.98	17.94	9.54
35-44	26.28	16.85	9.54
45-54	25.46	16.33	9.54
55-64	26.58	17.05	9.54

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	33.08	21.22	7.64
25-34	23.98	15.38	7.64
35-44	22.53	14.45	7.64
45-54	21.83	14.00	7.64
55-64	22.79	14.61	7.64

Gross Monthly Premiums

Personal Accident Insurance Policy
Annual Benefit Bank = \$11,000

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	45.03	29.31	12.05
25-34	32.50	21.16	12.05
35-44	30.71	19.99	12.05
45-54	29.75	19.37	12.05
55-64	30.75	20.03	12.05

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	39.39	25.64	9.88
25-34	28.45	18.52	9.88
35-44	26.86	17.49	9.88
45-54	26.03	16.94	9.88
55-64	26.93	17.54	9.88

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	33.76	21.97	7.91
25-34	24.38	15.87	7.91
35-44	23.02	14.98	7.91
45-54	22.30	14.52	7.91
55-64	23.08	15.03	7.91

Gross Monthly Premiums

Personal Accident Insurance Policy
Annual Benefit Bank = \$12,000

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	45.90	30.26	12.41
25-34	33.08	21.82	12.41
35-44	31.33	20.65	12.41
45-54	30.35	20.01	12.41
55-64	31.25	20.62	12.41

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	40.15	26.47	10.18
25-34	28.97	19.11	10.18
35-44	27.39	18.06	10.18
45-54	26.54	17.49	10.18
55-64	27.39	18.08	10.18

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	34.40	22.68	8.15
25-34	24.82	16.37	8.15
35-44	23.47	15.47	8.15
45-54	22.74	14.99	8.15
55-64	23.47	15.49	8.15

Gross Monthly Premiums

Personal Accident Insurance Policy
Annual Benefit Bank = \$13,000

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	46.73	31.13	12.74
25-34	33.70	22.46	12.74
35-44	31.89	21.24	12.74
45-54	30.89	20.58	12.74
55-64	31.86	21.24	12.74

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	40.87	27.23	10.45
25-34	29.52	19.67	10.45
35-44	27.88	18.57	10.45
45-54	27.01	17.99	10.45
55-64	27.94	18.63	10.45

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	35.02	23.33	8.36
25-34	25.29	16.85	8.36
35-44	23.88	15.91	8.36
45-54	23.14	15.41	8.36
55-64	23.93	15.96	8.36

Gross Monthly Premiums

Personal Accident Insurance Policy
Annual Benefit Bank = \$14,000

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	47.51	31.92	13.03
25-34	34.34	23.07	13.03
35-44	32.39	21.76	13.03
45-54	31.38	21.08	13.03
55-64	32.53	21.86	13.03

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	41.56	27.92	10.69
25-34	30.07	20.20	10.69
35-44	28.32	19.03	10.69
45-54	27.44	18.43	10.69
55-64	28.51	19.16	10.69

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	35.61	23.92	8.55
25-34	25.76	17.31	8.55
35-44	24.27	16.30	8.55
45-54	23.51	15.79	8.55
55-64	24.43	16.42	8.55

Gross Monthly Premiums

Personal Accident Insurance Policy
Annual Benefit Bank = \$15,000

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	48.25	32.62	13.28
25-34	34.97	23.64	13.28
35-44	32.85	22.21	13.28
45-54	31.83	21.52	13.28
55-64	33.23	22.47	13.28

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	42.21	28.54	10.90
25-34	30.60	20.69	10.90
35-44	28.74	19.44	10.90
45-54	27.85	18.83	10.90
55-64	29.07	19.66	10.90

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	36.18	24.47	8.72
25-34	26.23	17.73	8.72
35-44	24.64	16.66	8.72
45-54	23.87	16.14	8.72
55-64	24.92	16.85	8.72

Gross Monthly Premiums

Personal Accident Insurance Policy

Annual Benefit Bank = \$16,000*

* Individual cannot be purchased alone.

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	48.92	33.23	13.50
25-34	35.58	24.16	13.50
35-44	33.26	22.60	13.50
45-54	32.23	21.89	13.50
55-64	33.92	23.03	13.50

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	42.83	29.10	11.08
25-34	31.09	21.12	11.08
35-44	29.15	19.80	11.08
45-54	28.24	19.18	11.08
55-64	29.59	20.09	11.08

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	36.74	24.96	8.86
25-34	26.67	18.11	8.86
35-44	25.00	16.98	8.86
45-54	24.22	16.45	8.86
55-64	25.38	17.23	8.86

Gross Monthly Premiums

Personal Accident Insurance Policy

Annual Benefit Bank = \$17,000*

* Individual cannot be purchased alone.

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	49.55	33.76	13.70
25-34	36.16	24.63	13.70
35-44	33.63	22.92	13.70
45-54	32.59	22.21	13.70
55-64	34.61	23.57	13.70

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	43.42	29.58	11.24
25-34	31.55	21.49	11.24
35-44	29.53	20.12	11.24
45-54	28.61	19.50	11.24
55-64	30.05	20.46	11.24

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	37.28	25.40	8.99
25-34	27.09	18.45	8.99
35-44	25.36	17.28	8.99
45-54	24.57	16.74	8.99
55-64	25.81	17.57	8.99

Gross Monthly Premiums

Personal Accident Insurance Policy

Annual Benefit Bank = \$18,000*

* Individual cannot be purchased alone.

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	50.13	34.21	13.86
25-34	36.73	25.06	13.86
35-44	33.97	23.19	13.86
45-54	32.91	22.47	13.86
55-64	35.29	24.07	13.86

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	43.97	30.01	11.37
25-34	31.97	21.81	11.37
35-44	29.90	20.41	11.37
45-54	28.97	19.78	11.37
55-64	30.47	20.78	11.37

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	37.81	25.81	9.10
25-34	27.49	18.75	9.10
35-44	25.71	17.55	9.10
45-54	24.91	17.00	9.10
55-64	26.20	17.87	9.10

Gross Monthly Premiums

Personal Accident Insurance Policy

Annual Benefit Bank = \$19,000*

* Individual cannot be purchased alone.

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	50.66	34.60	14.01
25-34	37.28	25.45	14.01
35-44	34.27	23.41	14.01
45-54	33.21	22.68	14.01
55-64	35.97	24.54	14.01

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	44.50	30.39	11.49
25-34	32.36	22.09	11.49
35-44	30.26	20.67	11.49
45-54	29.32	20.02	11.49
55-64	30.85	21.05	11.49

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	38.32	26.17	9.19
25-34	27.86	19.02	9.19
35-44	26.06	17.80	9.19
45-54	25.24	17.24	9.19
55-64	26.57	18.13	9.19

Gross Monthly Premiums

Personal Accident Insurance Policy

Annual Benefit Bank = \$20,000*

* Individual cannot be purchased alone.

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	51.17	34.94	14.13
25-34	37.81	25.80	14.13
35-44	34.55	23.59	14.13
45-54	33.47	22.86	14.13
55-64	36.64	24.99	14.13

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	45.01	30.73	11.59
25-34	32.72	22.33	11.59
35-44	30.60	20.90	11.59
45-54	29.65	20.25	11.59
55-64	31.19	21.28	11.59

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	38.83	26.51	9.27
25-34	28.23	19.26	9.27
35-44	26.40	18.03	9.27
45-54	25.58	17.47	9.27
55-64	26.91	18.35	9.27

Gross Monthly Premiums

Personal Accident Insurance Policy

Annual Benefit Bank = \$21,000*

* Individual cannot be purchased alone.

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	51.65	35.22	14.24
25-34	38.33	26.13	14.24
35-44	34.80	23.74	14.24
45-54	33.72	23.00	14.24
55-64	37.31	25.42	14.24

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	45.49	31.03	11.68
25-34	33.07	22.54	11.68
35-44	30.94	21.10	11.68
45-54	29.98	20.45	11.68
55-64	31.51	21.47	11.68

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	39.32	26.82	9.35
25-34	28.58	19.48	9.35
35-44	26.74	18.24	9.35
45-54	25.91	17.67	9.35
55-64	27.23	18.56	9.35

Gross Monthly Premiums

Personal Accident Insurance Policy

Annual Benefit Bank = \$22,000*

* Individual cannot be purchased alone.

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	52.10	35.47	14.34
25-34	38.84	26.43	14.34
35-44	35.04	23.86	14.34
45-54	33.95	23.12	14.34
55-64	37.97	25.83	14.34

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	45.97	31.30	11.76
25-34	33.39	22.73	11.76
35-44	31.27	21.29	11.76
45-54	30.30	20.63	11.76
55-64	31.80	21.64	11.76

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	39.81	27.10	9.41
25-34	28.92	19.68	9.41
35-44	27.08	18.44	9.41
45-54	26.24	17.86	9.41
55-64	27.54	18.74	9.41

Gross Monthly Premiums

Personal Accident Insurance Policy

Annual Benefit Bank = \$23,000*

* Individual cannot be purchased alone.

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	52.54	35.70	14.43
25-34	39.34	26.72	14.43
35-44	35.26	23.96	14.43
45-54	34.16	23.22	14.43
55-64	38.63	26.23	14.43

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	46.43	31.55	11.83
25-34	33.71	22.90	11.83
35-44	31.59	21.47	11.83
45-54	30.61	20.80	11.83
55-64	32.08	21.79	11.83

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	40.29	27.38	9.47
25-34	29.25	19.87	9.47
35-44	27.42	18.63	9.47
45-54	26.56	18.05	9.47
55-64	27.84	18.90	9.47

Gross Monthly Premiums

Personal Accident Insurance Policy

Annual Benefit Bank = \$24,000*

* Individual cannot be purchased alone.

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	52.96	35.90	14.51
25-34	39.84	27.00	14.51
35-44	35.47	24.05	14.51
45-54	34.37	23.30	14.51
55-64	39.29	26.63	14.51

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	46.89	31.78	11.90
25-34	34.01	23.05	11.90
35-44	31.91	21.63	11.90
45-54	30.92	20.96	11.90
55-64	32.34	21.92	11.90

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	40.77	27.64	9.52
25-34	29.58	20.05	9.52
35-44	27.75	18.81	9.52
45-54	26.89	18.23	9.52
55-64	28.13	19.06	9.52

Gross Monthly Premiums

Personal Accident Insurance Policy

Annual Benefit Bank = \$25,000*

* Individual cannot be purchased alone.

LifeSecure Insurance Company

Deductible = \$100

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	53.38	36.10	14.58
25-34	40.33	27.27	14.58
35-44	35.68	24.13	14.58
45-54	34.57	23.38	14.58
55-64	39.95	27.02	14.58

Deductible = \$250

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	47.34	32.01	11.96
25-34	34.31	23.20	11.96
35-44	32.23	21.80	11.96
45-54	31.23	21.12	11.96
55-64	32.60	22.05	11.96

Deductible = \$500

Issue Age Band	Unisex Rates		
	Individual	Spouse Rider	Child Rider
18-24	41.25	27.89	9.57
25-34	29.90	20.22	9.57
35-44	28.09	18.99	9.57
45-54	27.21	18.40	9.57
55-64	28.41	19.21	9.57



LifeSecure Insurance Company
A Stock Company
10559 Citation Drive, Suite 300
Brighton, MI 48116
(866) 582-7701
www.YourLifeSecure.com

**PERSONAL ACCIDENT INSURANCE POLICY
OUTLINE OF COVERAGE**

**Guaranteed Renewable to Age 65
Policy Contains a Deductible
Policy Form Series: LS-AC-0001**

Keep this Outline for Your Records

1. Read Your Policy Carefully - This Outline of Coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. Your Policy sets forth in detail the rights and obligations of both You and LifeSecure Insurance Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

2. ACCIDENT ONLY COVERAGE

Accident only coverage is designed to provide coverage for losses resulting from a covered accident ONLY, subject to any exclusions or limitations included in the Policy. Coverage is not provided for any loss due to sickness. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.

3. DESCRIPTION OF BENEFITS AND FEATURES

This is a Personal Accident Only Policy. After the Annual Deductible Amount has been satisfied, Your Policy pays benefits, up to the Annual Benefit Bank. The Annual Benefit Bank represents the total dollar benefit amount available under Your Policy for covered services rendered each Calendar Year. The Annual Benefit Bank balance is reduced by all benefit amounts paid. On January 1st of each calendar year We will restore Your Annual Benefit Bank to the full amount shown on Your Schedule of Benefits.

Covered Services:

Your Policy pays benefits for the following covered services:

Ambulance - Transportation by an Ambulance to a Hospital.

Drugs - Drugs only administered in a Hospital, Urgent Care Center or Physician's office.

Durable Medical Equipment - Rental or purchase of equipment that has been prescribed by a Physician within 30 days of Accidental Injury. Equipment limited to: crutches, walker, wheelchair; and hospital bed.

Emergency Services - Must be within 72 hours of the Accidental Injury. Services performed by a Physician in a Hospital, Urgent Care Center or Physician's office. Does not include psychiatric treatment.

Emergency Follow Up Services - Must have first received benefit for emergency services. Follow up services must occur within 30 days of the Accidental Injury or hospital discharge and be provided by a Physician in a Physician's office or in a Hospital on an outpatient basis. Follow up service cannot be on the same day emergency services were received. This benefit is limited to one visit per day, up to a maximum of three visits for each Accidental Injury.

Major Diagnostic Exams - Benefit limited to one major diagnostic exam for each Accidental Injury. Exam must be performed within 30 days of Accidental Injury. Exams limited to: Computerized Tomography (CT); Magnetic Resonance Imaging (MRI), or Electroencephalogram (EEG).

Prosthetic Devices - Device must be prescribed by a Physician and received within one year of Accidental Injury.

Rehabilitative Therapy - Benefit payable for physical, occupational or speech therapy. Benefit limited to one visit per day, up to a maximum of 10 visits for each Accidental Injury. Therapy must begin within 30 days of the Accidental Injury and be completed within six months after the Accidental Injury.

Tests and X-Rays - Tests and x-rays must be performed within 30 days of the Accidental Injury. Tests are limited to: blood tests, echocardiography, electrocardiography (EKG) and ultrasound.

Disappearing Deductible

On January 1st of each Calendar Year Your Annual Deductible Amount will decrease by 20% if Your Policy is in force and no benefits are payable for covered services rendered in the preceding Calendar Year. Your Policy must be in force for at least three full months before the first reduction of the deductible will occur. If any benefits are payable for covered services rendered during a Calendar Year, Your Annual Deductible Amount on the following January 1st will be the amount You selected as of the Policy Effective Date. If no benefits are payable for covered services rendered in five consecutive Calendar Years, Your Annual Deductible Amount will be eliminated beginning with the next Calendar Year. Once Your Annual Deductible Amount reaches zero, it will not reset.

4. BENEFIT ELIGIBILITY REQUIREMENTS

Payment of benefits is subject to all of the following:

- The Accidental Injury occurred while this Policy was in force;
- Care began within 72 hours of the Accidental Injury;
- Care for the Accidental Injury is received while this Policy is in force and within the United States, its territories or possessions or Canada; and
- The Annual Benefit Bank is not exhausted.

5. LIMITATIONS AND EXCLUSIONS

This Policy contains an Annual Deductible Amount which is shown on the Schedule of Benefits. This is the dollar amount You incur for covered services each Calendar Year before benefits are payable under the Policy.

Care must be provided within the United States, its territories or possessions or Canada to be considered eligible for benefits.

No benefits of this Policy are payable when the loss is caused by or contributed to:

- Any illness, loss, or condition specifically excluded from the definition of Accident;
- Operating, learning to operate, or serving as a crew member of any aircraft;
- Engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, or parasailing, (OK: exclusion not applicable);
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test, (OK: exclusion not applicable);
- Officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received, (OK: exclusion not applicable);
- Any act of war whether declared or undeclared;
- Voluntary participation in any riot or civil insurrection;
- Engaging in an illegal activity or occupation;
- Commission or attempt to commit an assault or felony;
- Dental care or treatment unless caused by Accidental Injury to natural teeth;
- Suicide or attempted suicide, while sane or insane (CO & MO: while sane);
- Intentionally self-inflicted injury (SD: treatment or medical condition that results from an attempt at suicide or self-inflicted injury);
- Treatment for a mental or nervous disorder or disease; or
- Being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered and used in accordance with the instructions of a Physician, (AL, LA & TX: being intoxicated or under the influence of any narcotic unless administered and used in accordance with the instructions of a Physician), (SD: exclusion not applicable).

6. RENEWAL PROVISION AND PREMIUM PROVISIONS

This Policy is guaranteed renewable to age 65. You have the right, subject to the terms of the Policy, to continue Your coverage until the Policy anniversary on or following Your 65th birthday, provided You pay the required premiums on time. We cannot change any of the terms of Your coverage or benefits without Your consent unless the change is required by state or federal law.

Premium

You cannot be singled out for a rate increase due to a change in Your age or health status. We can, however, change premiums, but only if We change the premiums for all similar policies issued in the same state and on the same form as Your Policy. Any premium changes will be effective on the next premium due date following Our notice to You. We must give You at least 60 days written notice before the effective date of a premium change and, We cannot increase Your premium more than once in a twelve month period.

Grace Period

Your Policy has a 31 day Grace Period. This means that if a premium is not paid on or before the date it is due, it may be paid during the following 31 days. Your Policy will remain in force during the Grace Period.

Reinstatement

If Your coverage lapses due to non-payment of premium, You may apply for reinstatement within 60 days of the lapse by:

- Paying all the required premium due from the lapse date; and
- Submitting an Application for reinstatement, if We require one.

If We do not require an Application and accept Your premium, the Policy will be reinstated as of the date We received the premium.

If We require an Application, We will give You a conditional receipt for the premium. If We approve the Application, Your Policy will be reinstated as of the approval date. If We disapprove the Application, We will notify You in writing. If We do not notify You of Our disapproval, Your Policy will be reinstated 45 days (NM: 30 days) after the date of the conditional receipt.

If Your Policy is not reinstated within 60 days from the lapse date, it will terminate. You will need to apply for a new Policy which will have a new Policy Effective Date. You will not have coverage during the interval between the lapse date of Your former Policy and the effective date of Your new Policy.

THIS OUTLINE OF COVERAGE IS A BRIEF SUMMARY OF THE BENEFITS PROVIDED. PLEASE CONSULT THE POLICY TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS. PLEASE RETAIN THIS OUTLINE OF COVERAGE FOR YOUR RECORDS.

Statement of Variability

Application – LS-AC-0260 ST 09/11

The following items are bracketed and the variability is explained below:

The option for [New Coverage], [Reinstatement], and [Increase of Benefits] will show if we decide to use this application for reinstatement and/or the option to increase benefits.

Section A:

The words [Print clearly – Use black or blue ink] will appear only when the application is printed in paper format.

E-mail is bracketed to allow for another electronic method for sending the Policy Welcome Kit.

Section B:

The dollar amount for the Annual Benefit Bank will be between \$1,000 - \$15,000 for individual coverage and \$1,000 and \$25,000 if the insured adds the family rider(s) - Additional Insured Rider (AIR) and/or Dependent Rider.

The sentence [*If applying for coverage to include dependents, the Annual Benefit Bank is shared between the primary applicant and all dependents. The shared amount can be up to \$25,000.]will only appear on our online application if the insured chooses to add the AIR and/or Dependent Coverage.

The Heading for Dependent Information will only appear on our online application if the Primary Insured chooses to add the AIR or Dependent Rider.

The information for Dependents (Name, Date of Birth, Sex, Relationship) are bracketed and will only show on our online application if the Primary Insured is adding the AIR and/or Dependent Rider.

Section C:

The words [Monthly], [Quarterly], [Semi-Annually] [Annually] and [Bi-Weekly] are bracketed if in the future LifeSecure only chooses to offer certain payment frequencies. The [\$2.00] fee language will appear if the monthly payment option appears

The Premium Payment Methods are bracketed if in the future LifeSecure chooses to only offer certain payment methods.

The statement requesting the insured chose their transaction date if paying by EFT or CC is bracketed and will only show if that option is chosen on our online application.

The language for the Authorization for Automatic Payroll Deduction and Authorization for EFT or Credit Card will appear on our online application when the payment method for each of those is listed. If the payment option is not selected as an option for LifeSecure to market, these paragraphs will not appear.

The options in the Payroll Authorization are bracketed and will only appear electronically if it is applicable to that person. It will always appear on the paper version.

The Credit Card types are bracketed so that we may remove types or offer different types as needed.

Section D:

The Signature Method field is bracketed and will only appear in an electronic agent sold application.

The Signature methods are bracketed and will appear depending on how the application is completed (i.e. electronic, via signature pad, wet signature, etc). Note that the numbers on the side of the signature method will not appear on any application, they are there for our use in explaining the variability to you.

Signature Methods:

Method #1 will appear only if the applicant signs the application electronically during electronic input of the application.

Method #2 will appear only on paper applications for a wet signature to be provided. It will not appear on the electronic applications.

Method #3 will appear only if the LifeSecure elects to use a signature pad or stylus for the applicant to sign the application.

Method #4 will appear only in the electronic screen shots that are filled out when the applicant is completing the application online.

Section E:

The heading of Section E will appear when the application is completed with the assistance of an agent whether electronically or by paper.

The Authorization section is bracketed and will appear when the application is completed with the assistance of an agent whether electronically or by paper.

The Signature Methods are bracketed and will appear in the following manner. Note that they are numbered for your reference and the numbers will not appear in any application form.

Method #1 will appear only when the application is completed with the assistance of an agent and is completed electronically.

Method #2 will appear only if LifeSecure elects to use a signature pad or stylus for the application, and the application is completed with the assistance of an agent.

Method #3 will appear only on the paper application. It will not appear on the electronic versions.

The Case split information is bracketed and will only appear when agents are involved in the sale.

Section F/E:

The Section title [F][E] is bracketed. If an application is completed without an agent present, Section E will be Notices to Applicant. If an application is completed with an agent present, Notices to Applicant will become Section F.

<i>SERFF Tracking Number:</i>	<i>LFSC-127201970</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>LifeSecure Insurance Company</i>	<i>State Tracking Number:</i>	<i>49559</i>
<i>Company Tracking Number:</i>	<i>POL-LS-AC-0001 ST 09/11</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Personal Accident Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/29/2011	Form	Additional Insurance Rider	08/16/2011	LS-AC-0124-AI ST 09.11 Add. Insured Rider.pdf (Superceded)



LifeSecure Insurance Company
10559 Citation Dr., Suite 300
Brighton, MI 48116
1.888.575.8246

ADDITIONAL INSURED RIDER

PLEASE READ THIS RIDER CAREFULLY. This Additional Insured Rider is made a part of Your Policy. All definitions, exclusions, limitations or conditions on eligibility for benefits of the Policy apply to this rider unless modified herein.

PREMIUM AND RENEWAL PROVISIONS

Premium for this rider is shown on the Schedule of Benefits and is due according to the terms of the Policy.

COVERED SERVICES

After the additional insured deductible amount has been satisfied, We will pay the benefits described in the Policy, less any adjustment or discounts, up to the Annual Benefit Bank. For any of the benefits to be payable, the covered services rendered must be due to an Accidental Injury and Care must begin within 72 hours of the Accidental Injury.

Annual Deductible Amount

The additional insured deductible amount is the dollar amount shown on the Schedule of Benefits that is incurred by the Additional Insured for covered services each Calendar Year before benefits are payable under the Policy. The family deductible amount is two times (2x) the Annual Deductible Amount and must be satisfied by two or more family members. Once the family deductible has been satisfied for the Calendar Year, each family member is eligible for benefits even if his/her individual deductible has not been met.

Disappearing Deductible

The additional insured deductible amount will decrease according to the terms of the Policy.

GENERAL PROVISIONS

Coverage Effective Date

Coverage under this rider begins on the effective date shown on the Schedule of Benefits, subject to payment of the required premium.

Coverage Termination Date

Coverage under this rider will terminate on the earliest of:

- The date the Policy terminates;
- The policy anniversary date on or following the Additional Insured's 65th birthday;
- The date You request in writing to cancel this rider;
- The date of the Additional Insured's death.

If coverage under this rider terminates, except for the Additional Insured's reaching age 65 or death, the Additional Insured has the right to be issued a policy with benefits similar to what was terminated. To obtain the policy, the Additional Insured must make application to Us and pay the appropriate premium.

GLOSSARY

Accident

Means an unforeseen event which:

- Results in bodily injuries to the Additional Insured;
- Occurs on or after the rider effective date and while the Policy is in force; and
- Is wholly independent of disease, bodily or mental infirmity, illness, infection or any other physical condition.

Accidental Injury

Means

- Trauma or damage to some part of the Additional Insured's body;
- Is a result of an Accident;
- Occurs on or after the rider effective date and while the Policy is in force; and
- Results in Care within 72 hours after the injury.

Additional Insured

Means Your spouse or domestic partner (DC: spouse/domestic or legal partner; HI: civil union; MT: cohabitant).

President

A handwritten signature in black ink, appearing to read "Lisa Wendt", written in a cursive style.